



Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Totah Communications, Inc. - Kansas

Received & Inspected

JUL -2 2012

FCC Mail Room

**Totah**CSI

P.O. Box 300

Ochelata, OK 74051-0300

918-535-2208

888-580-2208

June 25, 2012

Ms. Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, D.C. 20554

Ms. Karen Majcher  
Vice President – High Cost Low Income Division  
Universal Service Administrative Company  
2000 L Street NW, Suite 200  
Washington, D.C. 20036

RE: WC Docket No. 10-90: Annual Reporting Requirements for High-Cost Recipients §54.313 (a)(2) through (a)(6) and (h)

Pursuant to Section 54.313(a)(2) through (a)(6) and (h) of the Federal Communications Commission's rules, enclosed are the 2012 annual reporting requirements and certifications for Totah Communications, Inc. - Kansas, Study Area Code 412030.

Totah Communications, Inc. - Kansas is a state-designated ETC. For its July 2, 2012 submission the attachment summarizes the relevant information for §54.313 (a)(2) through (a)(6). For 54.313(a)(3) the information was not required to be collected during 2011 by the state commission, and therefore is exempted pursuant to paragraph 10 of Connect America Fund, WC Docket No. 10-90 et al., Order, 27 FCC Rcd 606, 608 (2011). The relevant reporting required by the state commission is attached and pertains to 54.313(a)(2) and 54.313(a)(4). Totah Communications, Inc. - Kansas is also submitting the required certifications for 54.313(a)(5) and (a)(6).

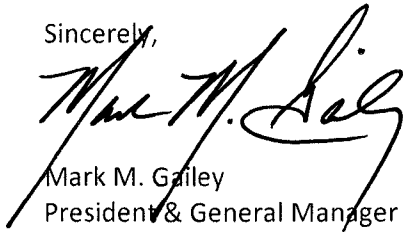
Additionally, Totah Communications, Inc. - Kansas has attached the requested rate floor information covered in Section 54.313(a)(h).

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**Annual Reporting for High-Cost Recipients  
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)  
Totah Communications, Inc. - Kansas**

Should you have any questions, please contact me via email at [mmgailey@totelcsi.com](mailto:mmgailey@totelcsi.com) or by phone at 918-535-2208.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark M. Gailey", written over the printed name and title.

Mark M. Gailey  
President & General Manager

Enclosures

Cc: Patrice Petersen-Klein  
Executive Director  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, KS 66604-4027

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**Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)****WC Docket No. 10-90****§ 54.313(a)(2) – Outage reporting**

☐ My company was not required to collect this information in 2011.

☒ My company collected this information pursuant to state utility commission requirement.  
A copy of the report is attached.

**§ 54.313(a)(3) – Unfulfilled service requests**

☒ My company was not required to collect this information in 2011.

☐ My company collected this information pursuant to state utility commission requirement.  
A copy of the report is attached.

**§ 54.313(a)(4) – Customer complaints per 1000 connections**

☐ My company was not required to collect this information in 2011.

☒ My company collected this information pursuant to state utility commission requirement.  
A copy of the report is attached.

**§ 54.313(a)(5) – Service quality standards and consumer protection rules**

I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.

**§ 54.313(a)(6) – Ability to function in emergency situations**

I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. **(Please enter your Company Name, State and Study Area Code)**

Company Name	State	Study Area Code
Totah Communications, Inc.	Kansas	412030

(If necessary, attach a separate list of additional study areas and check this box.)

☐

Signed,



[Signature of Corporate Officer]

Mark M. Gailey

[Printed Name of Corporate Officer]

President & General Manager

[Title of Corporate Officer]

Date:

June 25, 2012

Carrier's Name Totah Communications, Inc. - Kansas  
Carrier's Address PO Box 300, Ochelata, OK 74051-0300  
Carrier's Telephone Number (918) 535-2208

2. All ETCs must provide detailed information on any outage lasting at least 30 minutes for any facilities that an ETC owns, operates, leases, or otherwise utilizes that potentially affect at least 10% of the end users in a service area, or that could affect 911.

Date of Outage	Time of Outage	Description of the Outage and Resolution	Particular services affected	Geographic Areas Affected	Steps Taken to Prevent Future Recurrences	Number of Customers Affected
NONE	NONE	NONE	NONE	NONE	NONE	NONE

(If necessary, please provide additional pages.)

3. Please provide the number of complaints per 1,000 connections (fixed or mobile). A complaint is any non-duplicative verbal or written complaint received by the company, FCC, and/or KCC.

**1 PER 926 CONNECTIONS**

Rate Floor Template

**Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported ; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier **TOTAH COMMUNICATIONS, INC. - KANSAS**

Signature of authorized officer *Keith E. Watson*

Date **June 13, 2012**

Printed name of authorized officer **Keith E. Watson**

Title or position of authorized officer **Executive Vice President/Controller**

Telephone number of authorized officer **(918) 535-2208 ext.**

Study Area Code of Reporting Carrier **412030**

Filing Due Date for this form  
(mm/dd/yyyy)

**7/1/2012**



I certify that our company receives or is projected to receive High Cost Loop Support or High Cost Model Support in 2012 and has no monthly residential rates (plus charges as defined) less than \$10